

Overseas Screening

Per BUMED Instruction, the Overseas Screening (OSS) process is required to be completed within 30 days of receipt of orders. It is important that an OSS is thoroughly completed on each accompanying service and family member.

A proper screening ensures a productive tour for the service member, family and the new command. Improper screenings cause significant hardship for the family member, service member, and the service member's command.

If an improperly screened individual arrives at the overseas location their requirements usually exceed the capabilities of the new duty station and undue work and family stress could result. These could include increased absences from duty, decreased quality of life, unplanned expenditures, and early return of dependents (ERD) or tour curtailment.

When a case of improper screening is identified, an Overseas Screening Deficiency Report (OSDR) will be submitted to the transferring/losing command, gaining command, BUMED, and COMNAVPERSCOM or HQMC.

For BUMED instructions regarding the overseas screening program, see BUMED 1300-2A and MILPERSMAN 1300-306. You may also write the NMRTC GB [Suitability Screening](#) team.

Disqualifying Conditions

The following is a list of conditions which, for the health, safety and well-being of the individual will typically disqualify a person from moving to Guantanamo Bay. The list is not definitive and all conditions will be reviewed on a case by case basis.

Adult Medically Disqualifying Conditions

1. USN, USMC, USA or USAF family members with EFMP Categories III through V assignment or equivalent conditions with other services
2. USN family members with EFMP Category VI assignments should have resolution of condition and be re- evaluated and given new category.
3. Family members with tracheostomies and/or home ventilators
4. Home oxygen needs
5. G-Tube/Feeding Tube needs
6. Ventriculoperitoneal shunts for treatment/management of hydrocephalus
7. Dialysis
8. Family members with asthma who have had two (2) or more admissions in the past two (2) years
9. Medical conditions which require more than two (2) times yearly follow-up by specialty services
 - a. Such as cardiology, gastroenterology, endocrinology, rheumatology or any other sub-specialties not available at U.S. Naval Hospital Guantanamo Bay.
Such as facility limitations, i.e. as the capabilities of specialty services continue to grow there are and there will become certain facility limitations at U.S. Naval Hospital Guantanamo Bay that will result in automatic disapproval (e.g. Bowel or bladder rehabilitation services)
10. Any patient undergoing cancer treatment or diagnosed with a cancer that has a high recurrence rate
11. Any patient with a history of stroke within 3-5 years

12. Medical conditions which have a high probability of resulting in ICU admissions, e.g., Brittle/Labile Type I Insulin-Dependent Diabetes (Insulin Dependent Diabetic Mellitus)
13. Gastric bypass for morbid obesity or any related subsequent complications due to the surgery or the related morbid obesity within the past THREE YEARS
14. Gastroparesis with ongoing weight loss
15. Laparoscopic gastric band for weight loss (regardless of time from insertion)
16. A known thoracic or abdominal aortic aneurysm (or any other potentially surgical vascular issue)
17. Any coagulation disorder, specifically hypercoagulation
18. Transplant patients of any organ system
19. Any seizure disorder patients
20. Any history of hemoptysis from cavitory disease of any sort to include Bronchiectasis
21. History of thrombophilia or lupus anticoagulant
22. Known spinal issues (chronic pain, radiculopathy, degenerative disc disease, etc.) managed with schedule II controlled substances
23. Uncontrolled glaucoma requiring surgery
24. All primary bone tumors
25. Spinal deformity (case by case basis)
26. All cerebral palsy
27. All chronic musculoskeletal pain management patient which require interventional pain subspecialty or chronic narcotics
28. All surgical spine patients within 12 months from invasive procedures (longer for continued surgical management)
29. All patients with total joint arthroplasty infections active or within 12 months from a definitive revision
30. Chronic conditions requiring maintenance therapy with biologic agents, daily steroids, or immune modulators
31. Chronic pain conditions managed with schedule II controlled substances
32. Chronic pain requiring pain management specialist (daily narcotics or past ESI/RFA procedures with no resolution)
33. Immunization status outside of that recommended by CDC schedule (ALL overseas active duty sponsorees are required to be immunized according to CDC recommendations)
34. Family members with ventriculoperitoneal shunts for treatment/management of hydrocephalus have medical/surgical needs that cannot be met here
35. Aplastic anemia or being considered for bone marrow transplant
36. Taking or requiring TNF alpha inhibitors (Humira or similar medications)
37. History of poorly managed Eosinophilic Esophagitis or Achalasia
38. Diabetes mellitus type I
39. Stage 4 or 5 chronic kidney disease
40. Anyone with a pacemaker
41. Automatic implantable cardio-defibrillator
42. Any patient with active tuberculosis

1. Orthopedic Conditions:

- Scoliosis undergoing surgical or brace treatment, or being followed by pediatric orthopedics
- Cerebral palsy requiring orthopedic surgery or bracing
- Children being treated for limb length inequality
- Patients with anticipated need for joint replacement surgery since procedures stateside may result in extended time off island as well as DVT and infection risk (patients with past total joint replacement can be treated by PT)

Behavioral and Mental Health Disqualifying Conditions

1. Psychiatric Conditions

- Which have required 1 or more inpatient hospitalizations in past the 10 years (dependent on nature of hospitalization)
- Psychiatric conditions in which there is a history of admission to or recommendation for “day hospitalization” or “partial hospitalization” in the past 10 years
- Psychiatric conditions where there is a history of admission to or recommendation for “residential treatment” in the past 10 years
- Mental health conditions which require family therapy
- Aggressive, destructive and/or illegal behaviors
- Active or substantiated family advocacy case within the past 2 years
- Psychiatric conditions where the patient is on antipsychotic medications
- Substance abuse/dependence over the past 10 years (will be determined on a case by case basis)
- Schizophrenia/schizoaffective disorder
- Bipolar disorder
- Dementia
- Suicide attempt/gesture within the past 3 years
- Dissociative disorder
- Sexual addiction (specialist not available)
- Eating disorder (specialist not available)
- DSM diagnosis and/or requiring significant psychotropic medication management or psychotherapy who are not stable for at least one year prior to moving overseas
- All borderline personality disorders not stabilized by treatment
- Major depressive episode not stabilized by treatment
- Panic disorder, obsessive compulsive disorder, or any anxiety disorder with panic attacks not stabilized by treatment

Pediatric Medically Disqualifying Conditions

1. Any Navy/USMC/USA/USAF dependent child assigned EFMP III or higher, or equivalent assignment in other services.
2. Any child with asthma that:
 - Is diagnosed, or treated, as moderate or severe persistent
 - Has required 2 or more hospitalizations in the last 3 years
3. Need for wheelchairs, walkers, AFOs, and/or other orthotic devices.
4. Hearing impairment
5. G-tube/feeding tubes
6. Ventriculoperitoneal shunts
7. Type I diabetes mellitus
8. Congenital heart defects that have required, or are likely to require, significant surgical intervention
9. Cystic fibrosis or currently being evaluated for possible cystic fibrosis. Approval will not be considered until after workup is completed
10. Allergic conditions requiring immunotherapy (allergy shots)
11. History of leukemia or other pediatric cancer

12. Any condition that requires regular follow-up by a pediatric subspecialist (such as pulmonology, cardiology, endocrinology, hematology, oncology, GI). Only general pediatrics are available here
13. Failure to thrive which has not been thoroughly evaluated, until child is gaining weight and growing.
14. Frequent specialty follow up for services that are not locally available (i.e CAH, growth hormone, JRA, and rheumatologic disorders)
15. Pediatric patients requiring Environmental and Developmental Intervention Service (EDIS) PT or OT (case by case basis)
16. Gastroenterology disorders such as Crohn's disease, ulcerative colitis, erosive esophagitis (erosive esophagitis can be considered suitable when child is stable on treatment that will be available at this command).

Pediatric Behavioral and Mental Health Disqualifying Conditions

1. Any mental health disorder/behavioral will be excluded based on lack of child psychiatry and lack of developmental pediatrics, particularly:
 - Mental retardation
 - Pervasive developmental disorders
 - Conduct disorder
 - Oppositional defiant disorder
 - Tic disorders
 - Reactive attachment disorder
 - Autism spectrum disorders
 - Complex ADHD or ADHD complicated by other mental health diagnoses are unsuitable.
2. Mental health/behavioral conditions:
 - Psychotic disorder
 - Bipolar disorder
 - Eating disorders
 - Mood dysregulation disorders
 - Active obsessive compulsive disorder within the last year that is not well controlled
 - Required any kind of inpatient treatment in the last 3 years
 - History of recent or chronic suicidal ideation or behavior within the last year
 - Self-harm, self-injurious behavior, or suicide attempts within the last year
 - Any mental disorder that have required multiple emergency room visits
 - Aggressive, destructive, and/or illegal behaviors
 - Any history of juvenile convictions or parole
 - History of substance abuse requiring treatment and with no resolution
 - Any foster care placement in the last 3 years